

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/524338

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9	/		/				59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21		/		/			71						
22	/		/				72						
23		/		/			73						
24	/		/				74						
25	/		/				75						
26	/		/				76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32	/		/				82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38	/		/				88						
39	/		/				89						
40	/		/				90						
41		/		/			91						
42		/		/			92						
43	/	/		/			93						
44		/		/			94						
45		/		/			95						
46	/		/				96						
47	/		/				97						
48							98						
49							99						
50							100						
TOTAL IND.	16		16				TOTAL IND.						
TOTAL DEP.	36		31				TOTAL DEP.						
TOTAL CLAIMS	47		47				TOTAL CLAIMS						